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May 27, 2004

OFFICIAL**To: Examiner Peng Ke****From: Timothy P. Sullivan****U.S. Patent and Trademark Office****Phone No.: 206-342-6254 (direct dial)****Fax No.: 703-872-9306****Fax No.: 206-342-6201****Serial No.: 09/608,705****Our Ref.: 40062.63US01****Confirmation Via Mail:** ☐ Yes ☒ No**Return Fax To: Alice Baum****Total pages, including cover letter: 18**

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Documents Transmitted: Transmittal in Duplicate; Amendment; Request for Extension of Time; Credit Card Payment Form in the amount of \$110; Credit Card Payment Form in the amount of \$86

Title: METHOD AND SYSTEM FOR USER SESSIONS ON PERSONAL ELECTRONIC DEVICES

Applicant: Chee H. Chew et al.

Serial No.: 09/608,705

Filed: June 30, 2000

Group Art Unit: 2174

Our Ref. No.: 40062.63US01

Confirmation No. 2254

Due Date: June 17, 2004

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I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office on the date shown below.

Dated: March 27, 2004

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Chee H. Chew et al.	Examiner:	Peng Ke
Serial No.:	09/608,705	Group Art Unit:	2174
Filed:	June 30, 2000	Docket:	40062.63US01
Confirmation No.:	2254	Duc Date:	June 17, 2004
Title:	METHOD AND SYSTEM FOR USER SESSIONS ON PERSONAL ELECTRONIC DEVICES		

CERTIFICATE UNDER 37 CFR 1.6(d):

I hereby certify that this paper is being transmitted by facsimile to 703-872-9306, Commissioner for Patents, Attn: Examiner Peng Ke, P.O. Box 1450, Alexandria VA 22313-1450 on May 27, 2004.

By: 

Name: Timothy P. Sullivan

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Commissioner for Patents

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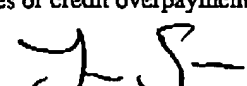
- ☒ Transmittal Sheet in duplicate containing Certificate of Mailing
- ☒ Amendment and Request for Consideration
- The fee has been calculated as shown below in the "Claims as Amended" table
- ☒ Request for Extension of Time for one month
- ☒ Credit Card Payment Form in the amount of \$110 for extension of time fee
- ☒ Credit Card Payment Form in the amount of \$86 for add'l claims fee
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CLAIMS AS AMENDED

Claims Remaining After Amendment		Highest Number Previously Paid For		Present Extra		Rate		Fee
Total Claims								
23	-	23	=	0	x	18.00	=	\$0.00
Independent Claims								
6	-	5	=	1	x	86.00	=	\$86.00
MULTIPLE DEPENDENT CLAIM FEE								\$0.00
TOTAL FILING FEE								\$86.00

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